

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214506786						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AVON PRODUCTS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2014</p> <p>SCC ID NO: F1062936</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,500,000,000</td> </tr> <tr> <td>PREFER</td> <td>25,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,500,000,000	PREFER	25,000,000
CLASS	AUTHORIZED							
COMMON	1,500,000,000							
PREFER	25,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 777 THIRD AVENUE NEW YORK</p> <p style="text-align: center;">CITY/ST/ZIP: NEW YORK, NY 10017</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SHALABH GUPTA TITLE: VICE PRESIDENT ADDRESS: 777 THIRD AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: SHALABH GUPTA TITLE: VICE PRESIDENT ADDRESS: 777 THIRD AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	
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NAME:	DOUGLAS CONANT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	W DON CORNWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	V ANN HAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, VA 10017		
NAME:	NANCY KILLEFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	MARIA ELENA LAGOMASINO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, VA 10017		
NAME:	ANN MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	CHARLES NOSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	GARY RODKIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	PAULA STERN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	SARA MATHEW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	CARA SCHEMBRI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	777 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ CARA SCHEMBRI</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CARA SCHEMBRI, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>1/31/2014</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		